



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631  
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: www.wsgc.wa.gov

## COMMERCIAL GAMBLING MANAGER (62)

**FEE: \$175.00**

- You must complete the entire application and all attachments. **Place N/A if not applicable.**
- Please type or print all answers. **Do not use pencil**
- If needed, attach additional documents or explanation sheets.
- Make checks payable to: **Washington State Gambling Commission**

Were you previously licensed with the gambling commission?

☐ Yes ☐ No

(If Yes, answer Item 2 below.)

### **\*\* IMPORTANT NOTICE \*\***

Use this application to apply for a *Commercial Gambling Manager's* license, **NOT** a *Nonprofit Gambling Manager's* license or *Cardroom Employee's* license.

A. Does the commercial establishment have progressive jackpot pull-tab games? ☐ Yes ☐ No

**If you answered No to Question A, call to request the correct application.**

B. As an employee will you be responsible for controlling, operating, and / or making decisions about commercial gambling activities? ☐ Yes ☐ No

C. As an employee will you supervise (hire, fire, and evaluate) persons directly or indirectly involved in the conduct and control of gambling activities? ☐ Yes ☐ No

D. As an employee will your duties include controlling cash generated by gambling activities, making bank deposits, preparing or overseeing the preparation of gambling records, and / or the purchase of gambling supplies? ☐ Yes ☐ No

**If you answered Yes to Question A; but answered No to all Questions B, C and D, call to request the correct application.**

### **APPLICANT INFORMATION**

1. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Box Number

City State Zip County

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address, if available: \_\_\_\_\_

( ) - ( ) - ( )  
Telephone Work Phone Cell Phone

2. **Have you ever been licensed in any other jurisdiction?** ☐ Yes ☐ No  
**If Yes, was your license ever:** ☐ Denied ☐ Revoked ☐ Suspended  
(Mark ☒ one and attach an explanation)

### **EMPLOYMENT INFORMATION**

3. Business Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Box Number

City State Zip County

E-mail Address, if available: \_\_\_\_\_

( ) - ( ) - ( )  
Telephone Work Phone Cell Phone

City Limits: ☐ Inside ☐ Outside Date of Employment: \_\_\_\_\_

Val#:

211-

AGENCY USE ONLY Amount: \$

Date:

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4. List the wages / compensation of the applicant employee.

Salary: \_\_\_\_\_ Per: Hour Shift Week Month (Circle One)

Commission: \_\_\_\_\_

Other \_\_\_\_\_ Explain: \_\_\_\_\_

5. Do you have a financial interest, other than employment, in this licensed premises?

☐ No ☐ Yes **If Yes**, Explain Interest \_\_\_\_\_

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**\* \* IMPORTANT \* \***

New applicant employees are required to provide positive proof of identity. Please provide a copy of one of the following documents: birth certificate, valid driver's license, military identification card, valid passport, or if a registered alien, an alien registration card. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

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**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

From the moment we receive your application, it becomes a public document subject to RCW 42.17, the Public Records Act, and other of Washington laws. The Commission, per WAC 230-04-020 (4) may disclose, to the public, or discuss, at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process.

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**OATH OF APPLICANT**

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to the employer business. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer (see WACs 230-04-022, 230-12-305, and 230-12-310). I further declare that if I am granted a license, I will abide with all the requirements set out in RCW 9.46 and WAC 230 and I understand that if I perform any of the duties of commercial gambling manager prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license. See WAC 230-04-140, WAC 230-04-143, and WAC 230-04-220.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EMPLOYER CERTIFICATION**

I hereby authorize the applicant to submit this application to become a *Commercial Gambling Manager*.

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Signature of Owner, All Partners, or President of Corporation